

EXHIBIT “L”

203.97

ISAPLUS REQUEST
Insurance Service Account

FINANCIAL REPRESENTATIVE

Daniel Skin
SERVICING NUMBER
77934

AGENCY NUMBER
110

ISA
NUMBER
9695701

PAYER
NAMELAST NAME
Wilson

 **Northwestern Mutual**
720 East Wisconsin Avenue
Milwaukee, WI 53202

ACCOUNT TYPE

ISA PLUS
 Annuity - one contract per account
(Advanced Premium Requires form 80-1848)

PAYMENT METHOD

EFT (Electronic Funds Transfer)
 Checking Account
 Savings Account - contact Bank for EFT information

TRANSIT # (9 DIGITS) ACCOUNT # (4 TO 17 DIGITS)

02100002155511095365

Direct
 MCB - Multiple Contract Bill: MCB # (5 DIGITS)

PAYMENT FREQUENCY

1 Monthly (FFT Only)
 2 Quarterly
 3 Semi-Annual
 4 Annual

IMPORTANT: Complete when ISA is activated with 4 applications only.

Applicant/Policy
Number(s)
526366

First 3 letters
Insured's
Last Name
Wilson

IMPORTANT: Complete when ISA is activated with existing policies only

Existing Policy Number(s)	Loan Repay- ment only (Loan Only ISA) (Y/N)	LOAN REPAYMENT		
		I	M	P
	I	\$	\$	\$
	M	\$	\$	\$
	P	\$	\$	\$
		\$	\$	\$

EFT AUTHORIZATION - I am requesting the FFT payment method from either a checking or a savings account; I authorize the depository institution to debit my account for Electronic Fund Transfers, or other form of pre-authorized check, initiated by The Northwestern Mutual Life Insurance Company ("Company") to its own order. The Company may also make payments to me by Electronic Fund Transfers to my account. This authorization will remain in effect until revoked by me in writing or by other notice acceptable to the Company.

PLEASE PRINT

SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number (See page 2 for INSTRUCTIONS)

FIRST MIDDLE LAST

BIRTHDATE: (MM/DD/YYYY)

PERSONAL NAME: *Ken* *Wilson*

Wilson

12/31/1968

 MR MRS MS DR Other MALE FEMALE

OR

BUSINESS/TRUST NAME:

STREET OR P.O. BOX:

70 Brooks Jo Place

DAYTIME TELEPHONE NUMBER
1214552-0217CITY, STATE, ZIP (AND COUNTRY IF OTHER THAN USA)
New Rochelle, NY 10801

The undersigned payer: (1) requests the ISA Plus account and agrees to its terms as stated on pages 1 and 2 of this form, (2) if the EFT payment method is selected, provides the EFT authorization above, (3) provides the substitute Form W-9 certification below, and (4) acknowledges receipt of a copy hereof.

CERTIFICATION - Under penalties of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) and (2) that I am not subject to backup withholding because (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) if I ever was so notified, the IRS has notified me that I am no longer subject to backup withholding.

The intent of Reviewer Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Ken *Wilson*

PAYER'S SIGNATURE REQUIRED

Taxpayer Identification Number
Enter the taxpayer identification number in the appropriate box below.
For most individual taxpayers, this is the social security number. For corporate entities, this is the Employer Identification Number.

SOCIAL SECURITY NUMBER
111-63-12549OR
EMPLOYER IDENTIFICATION

05/22/04

DATE (MM/DD/YYYY)

Send to Policyowner Services, Disability Income, or Annuity & Accumulation Product Department

ATTACH TO APPLICATION

(See reverse for complete routing instructions)

WORD 8.0

(8-15-98 (08412))